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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket 05046P Number **DECLARATION FOR UTILITY OR** First Named Inventor **DESIGN** Ralph T. Blanchard PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge Unknown (37 CFR 1.16 (e))

		required)	Examine	Name	Unknown	
I hereby declare that:	:					
Each inventor's resider	nce, mailing ad	ldress, and citizen	ship are as stated	below next to t	heir name.	
I believe the inventor(s			and first inventor(s	s) of the subjec	t matter which is clai	med and for
A FLEXIBLE, KIN			TRANSFER H	OSE CON	STRUCTION	
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		(Ti	tle of the Invention	)		
the specification of whi	ch					
is attached her	reto					
OR						
was filed on (MI	M/DD/YYYY)	09/05/200	as Un	ited States Ap	plication Number or I	PCT International
Application Number	PCT/US2003/02	27867 and was	amended on (MM/	DD/YYYY)		(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the du						
continuation-in-part ap and the national or PC					the filing date of the	prior application
I hereby claim foreign inventor's or plant bree						
country other than the	United States	of America, listed	below and have al	so identified be	elow, by checking the	e box, any foreign
application for patent, i before that of the application				any PCT interr	national application h	aving a filing date
Prior Foreign Applic Number(s)			gn Filing Date M/DD/YYYY)	Priorii Not Clair		Copy Attached? NO
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Additional for	eign application	n numbers are list	ed on a supplemen	ital priority data	sheet PTO/SB/02B	attached hereto.

[Page 1 of 2]

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# **DECLARATION** — Utility or Design Patent Application

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Address						
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I hereby declare that all stat and belief are believed to statements and the like so n false statements may jeopare	be true; and further than nade are punishable by fir	t these stat ne or impriso	ements wo	ere made with to both, under 18 to	the kno	wledge that willful false
NAME OF SOLE OR FIRST	INVENTOR:		etition has	been filed for this	s unsiar	ned inventor
Given Name (first and middle	e [if any])	<u>, — , , , , , , , , , , , , , , , , , ,</u>		Family Name o		
Ralph T.				Blanchard		
Inventor's Signature						Date
Residence: City	State		Country		Citizer	nship
Feeding Hills	MA .	-	USA		USA	
Mailing Address 191 North Westfield Street						
City	State		Zip	)		Country
Feeding Hills	МА		010	30		JSA
NAME OF SECOND INVEN						or this unsigned inventor
Given Name (first and middle Michael	e [if any])			Family Name or Fonfara	Surnar	ne
Inventor's Signature						Date
Residence: City	State		Country		Citizer	nship
Chicopee	МА		USA		USA	
Mailing Address 34 Lyman Road					-	
City	State		Zip		Countr	у
Chicopee	МА		0101	3	USA	
Additional inventors or a legal	representative are being named	on the 1s	supplemental s	sheet(s) PTO/SB/02A	or 02LR a	attached hereto.

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ADDITIONAL INVENTIONAL (S)

	ADDITIONAL INVENTOR(3)	
DECLARATION	Supplemental Sheet	Page 3 of 3

Name of Additional Joint Inventor, if any	y:	A petition	n has been filed for	this unsigned	inventor
Given Name (first and middle (if any)	)	Family Name o	r Surname		
Richard L.		Rabe			
Inventor's Signature				Date	
LaCrosse Residence: City	wi State	USA Co	A puntry	USA Citize	nship
N1658 Hagen Road	_				
Mailing Address					
LaCrosse	wı		54601	USA	
City	State		Zip	Coun	try
Name of Additional Joint Inventor, if any	y:	A petition	has been filed for	this unsigned	inventor
Given Name (first and middle (if any))	)		Family Nam	e or Surname	
Fernando A.		Cuccioli			
Inventor's Signature				Date	
Midland	MI		USA		Argentina
Residence: City	State		Country		Citizenship
4309 Stone Ridge				<del></del>	
Mailing Address					
Midland	МІ		48640	USA	
City	State		Zip	Coun	try
Name of Additional Joint Inventor, if any	y:	A petition	has been filed for	this unsigned	inventor
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Davidanas Citu	04-4-		0		O'iiti-
Residence: City	State		Country		Citizenship
Mailing Address					
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City	State		Zin	Coun	in.

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#### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	Unknown
Filing Date	
First Named Inventor	Ralph T. Blanchard
Title	A FLEXIBLE, KINK RESISTANT, FLUID
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	05046P

PTO/SB/81 (11-04)

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners as	ssociated	with the Customer Number:		278	304		
Practitioner(s) named below:							
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Applicant/Inv	entor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature						Date	
Name	Ralph T.	Blanchard				Telephone	(413) 739-5631
Title and Company	L					·	
NOTE: Signatures of all signature is required, see	the inventor below*.	rs or assignees of record of the enti	re interest or th	eir represent	ative(s) are required	d. Submit mu	ultiple forms if more than one
*Total of 4		forms are submitted.					

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Application Number	Unknown
Filing Date	
First Named Inventor	Ralph T. Blanchard
Title	A FLEXIBLE, KINK RESISTANT, FLUID
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	05046P

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number: 27804  OR							
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✓ Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
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Signature						Date	
Name	Michael	Fonfara	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Telephone	(413) 739-5631
Title and Company							
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Application Number	Unknewn
Filing Date	
First Named Inventor	Ralph T. Blanchard
Title	A FLEXIBLE, KINK RESISTANT, FLUID
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I hereby revoke a	II previo	ous powers of attorney given in	n the above-ide	ntified applica	ition.	
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		SIGNATURE of Applie	cant or Assignee	of Record		
Signature					Date	
Name	Richard	L. Rabe		Т	elephone	
Title and Company		<del></del>				
NOTE: Signatures of all signature is required, see		rs or assignees of record of the entire inter	rest or their represent	ative(s) are required	l. Submit mu	Itiple forms if more than one
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PTO/SB/81 (11-04)

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	Filing Date					
	First Named Inventor	Ralph T. Blanchard				
	Title	A FLEXIBLE, KINK RESISTANT, FLUID				
	Art Unit	Unknown				
	Examiner Name	Unknown				
	Attorney Docket Number	05046P				

I hereby revoke all previous powers of attorney given in the above-identified application.										
I hereby appoint:										
Practitioners as	✓ Practitioners associated with the Customer Number:			27804						
Practitioner(s) named below:										
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Statement u	nder 37 C	FR 3.73(b) is enclosed. (Form	PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record										
Signature						Date				
Name	Fernand	lo A. Cuccioli	<del>.</del>			Telephone	(989) 695-4407			
Title and Company										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
*Total of 4 forms are submitted.										

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